

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11934

State File No.

FILED DEC 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6260 Registrar's No. 17

1120
1

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>MARSHFIELD</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>MARSHFIELD Rt. 4</u>	1120 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10. APES - N. of Fordland Mo.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jolia</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>INCE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 19 1953</u>
-------------------------------------	-------------------------	------------------------	-----------------------	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 4, 1886</u>	9. AGE (In years last birthday) <u>67</u>	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
-----------------	---------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>ADM Byrd</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA Holestine</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES INCE</u>
------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, to, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Max McDonald</u>	ADDRESS <u>Fordland MO.</u>
--	-------------------------------------	---	-----------------------------

18. CAUSE-OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>K. K. Keller coroner</u>	23b. ADDRESS <u>Fordland MO</u>	23c. DATE SIGNED <u>11-20-53</u>
--	---------------------------------	----------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 22 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CASS CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>Webster County MO.</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-25-53</u>	REGISTRAR'S SIGNATURE <u>Opal M. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max & Miller - Telby - Earl - Bugman</u>	ADDRESS <u>Fordland MO</u>
--	---	--	----------------------------

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Max F Miller

Signed.....
Student Embalmer

Licensed Embalmer No. *4720*

P. O. Address *Fordland, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.